


PATENT NUMBER

② *RS* O.I.P.E. PATER  
SCANNED *AA* Q.A. *he*

PATENT DATE

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<input type="checkbox"/> <b>FIG. 1</b> 	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input checked="" type="checkbox"/> The term of this patent shall extend to _____ (date) has been determined.	_____ (Assistant Examiner) (Date)			NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____ _____ _____ _____	_____ (Primary Examiner) (Date)			ISSUE FEE	
				Amount Due	Date Paid
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<input type="checkbox"/> The term of _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)				

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